

<b>Case Number:</b>	CM14-0189490		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, New York

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old male, who sustained an industrial injury on 6/25/10. He received a back injury. The injured worker was diagnosed as having cervical spine degenerative disc disease and disc protrusions with radiculopathy and lumbar spine degenerative disc disease and disc protrusions. Treatment to date has included physical therapy, psych consults, neuro consults, chiropractic treatments and acupuncture. Currently, the injured worker complains of neck pain and low back pain with radiation. It is noted the injured worker may return to modified duty at work. Physical exam noted tenderness to palpation of mid paraspinals with restricted range of motion and tenderness to palpation of lumbar spine with decreased range of motion. The treatment plan included authorization for lumbar (MRI) magnetic resonance imaging, psych evaluation and rheumatologic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Psych Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological evaluations Page(s): 100-101.

**Decision rationale:** The request is not considered medically necessary. The patient has had chronic pain since 2010. He had a psychological evaluation in June 2014 and was diagnosed with adjustment disorder and pain disorder. As per MTUS, psychological evaluations are recommended to use with patients with pain problems. Psychological interventions may be necessary and may help lower the risk for work disability. The patient already had a psychological evaluation and was recommended to have follow-up therapy. There is not documentation of further treatment and further psychological complaints requiring another evaluation. Therefore, the request is not considered medically necessary.